

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 302079 (9)

1. Corporation Name

JENSEN LANES, INCORPORATED

Principal Place of Business

1701 CANORA DR  
P O BOX 1243  
JENSEN BEACH FL 34958-1243

Mailing Address

1701 CANORA DR  
P O BOX 1243  
JENSEN BEACH FL 34958-1243



3. Date Incorporated or Qualified  
02/17/1966

3a. Date of Last Report  
03/14/1995

2. Principal Place of Business  
21 1357 N OCEAN BLVD

2a. Mailing Address  
26 1357 NE OCEAN BD

4. FEI Number  
59-1112094

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
305

27 Suite, Apt. #, etc.  
# 305

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State  
STUART, FL

28 City & State  
FL STUART

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country  
34996 USA

29 Zip Country  
34996 USA

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASEY, MAUREEN  
1357 N OCEAN BLVD.  
STUART FL 34996

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME PETZ, MAURICE  
STREET ADDRESS 1357 N OCEAN BLVD.  
CITY-STATE-ZIP STUART FL

TITLE STD  
NAME CASEY, MAUREEN  
STREET ADDRESS 1357 N OCEAN BLVD.  
CITY-STATE-ZIP STUART FL

TITLE V  
NAME CASEY, PATRICK  
STREET ADDRESS 1701 CANORA DR  
CITY-STATE-ZIP PT ST LUCIE FL

TITLE D  
NAME PETZ, ROBERT  
STREET ADDRESS 3644 SW 16TH ST  
CITY-STATE-ZIP OKEECHOBEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)